PRINTED: 08/29/2011
FORM APPROVED
OMB NO. 0038 0301

CENTERS FOI	R MEDICARE & MEDIC	AID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CC	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155687		IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED
		B. WING		08/11/2011	
		<u> </u>		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF I	PROVIDER OR SUPPLIER	R.	2701 L	/N-MAR DR	
GOLDEN	N LIVING CENTER-	MUNCIE		E, IN47304	
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
K0000					
	1	ode Recertification and	K0000		
		Survey was conducted by			
	the Indiana State	Department of Health in			
	accordance with	42 CFR 483.70(a).			
	Survey Date: 08	2/11/11			
	Survey Bate. 00	7/11/11			
	Facility Number: 000097				
	Provider Number: 155687				
	AIM Number: 100290970				
	7 million rumoer.	00250570			
	 Surveyor: Philli	p Komsiski, Life Safety			
	Code Specialist	p Romsiski, Elic Surety			
	Code Specialist				
	At this Life Safe	ty Code survey, Golden			
	Living Center - N	Muncie was found not in			
	compliance with	Requirements for			
	Participation in I	Medicare/Medicaid, 42			
	CFR Subpart 483	3.70(a), Life Safety from			
		00 edition of the National			
	· ·	Association (NFPA) 101,			
		e (LSC), Chapter 19,			
	I -	· · · · · · · · · · · · · · · · · · ·			
		Care Occupancies and			
	410 IAC 16.2.				
	This one story fa	icility was determined to			
	1	1) construction and was			
	1	. The facility has a fire			
	1				
		th smoke detection in the			
	_	aces open to the corridors.			
	I The facility has a	a capacity of 117 and had	1		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

a census of 104 at the time of this survey.

TITLE (X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

OJ2T21

Facility ID:

000097

If continuation sheet

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155687 NUNG SOUTH 155687 NUNG SOUTH 155687 NUNG SOUTH 155687 NUNG SOUTH 155687 NUNG SO	STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE		(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE X2) ID SUMMARY STATIAMINT OF DIRECTINCIES REFERT ADDRESS. CITY. STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, INAT304 SUMMARY STATIAMINT OF DIRECTINCIES REGILATORY OR USE DINITIFYING INFORMATION) Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/16/11. The facility was found not in compliance with the afforementioned regulatory requirements as evidenced by the following: BOOPY prequirements as evidenced by the following: COMPLETION That provides the service of the service of 11/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 8 doors on Service hall north would latch into it's frame. This deficient practice could affect any residents in the Main dining room as well as visitors and staff. Findings include: Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading to the Main dining room has had a latch installed to scure it in it's frame. All other doors have been inspected and are properly latching in their	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01		COMPLETED		
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE NOTION (NOTION CENTER-MUNCIE) REGISTATORY MIST REPERT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PERCEDED BY PILL TAG Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/16/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinkered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3 6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 8 doors on Service hall north would latch into it's frame. This deficient practice could affect any residents in the Main diming room as well as visitors and staff. Findings include: Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading to the Main diming room have been inspected and are properly latching in their	155687		08/11/2011					
PREFIX TAG RECULATORY OR LSC IDENTIFYING INFORMATIONS) Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/16/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: EXO18 SS=E Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in spirinkered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3 for are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 8 doors on Service hall north would latch into it's frame. This deficient practice could affect any residents in the Main dining room as well as visitors and staff. Findings include: Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading into the Service hall north door leading into the Service hall north door the door been inspected and are properly latching in their				STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR				
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Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/16/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 8 doors on Service hall north would latch into it's frame. This deficient practice could affect any residents in the Main dining room as well as visitors and staff. Findings include: Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading into the Service hall north door leading into the Service hall north door leading into the Main dining room has had a latch installed to secure it in it's frame. All other doors have been inspected and are properly latching in their	l ' '			1	(EACH CORRECTIVE ACTION SHOULD BE	COMPLETION		
Code Specialist-Medical Surveyor on 08/16/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 8 doors on Service hall north would latch into it's frame. This deficient practice could affect any residents in the Main dining room as well as visitors and staff. Findings include: Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading into the Service hall north door leading into the	TAG			TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)			
than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 11½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 8 doors on Service hall north would latch into it's frame. This deficient practice could affect any residents in the Main dining room as well as visitors and staff. Findings include: Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading into the Service hall north door leading into the		The facility was with the aforeme requirements as	found not in compliance					
frame. This deficient practice could affect any residents in the Main dining room as well as visitors and staff. Findings include: Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading into the It is the facilities practice to ensure that doors protecting corridor openings are provided with a means suitable for keeping the door closed. The service north door leading to the Main dining room has had a latch installed to secure it in it's frame. All other doors have been inspected and are properly latching in their		than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 8 doors on Service hall north would latch into it's frame. This deficient practice could affect any residents in the Main dining room as		K0018	K 018	09/10/2011		
Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading into the Main dining room has had a latch installed to secure it in it's frame. All other doors have been inspected and are properly latching in their					that doors protecting corridor openings are provided with a m	eans		
p.m. with the Maintenance Supervisor, the Service hall north door leading into the All other doors have been inspected and are properly latching in their		_			Main dining room has had a late	ch		
,		p.m. with the Ma	intenance Supervisor, the		and are properly latching in the			

l i		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL		
155687		A. BUILDING 08/11/2011					
			B. WING		DDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER					N-MAR DR		
	N LIVING CENTER-N			MUNCIE	E, IN47304		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5)
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	Main dining room, which was open to the corridor, did not latch into it's frame. Based on interview on 08/11/11 at 01:02 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned door would not latch into it's frame. 3.1-19(b)				Maintenance Director will audit doors monthly ongoing and the results of that audit will be prese to the QA committee monthly.		
K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 1. Based on observation and interview, the facility failed to ensure 1 of 1 metal rolling doors separating the kitchen, a hazardous area, from the corridor would close automatically with the fire alarm system to maintain a smoke resistant barrier. This deficient practice could affect 3 residents observed in the Main dining room as well as visitors and staff. Findings include:		K0	029	K 029 It is the facilities practice to pro self closing doors to protect hazardous areas. The metal rolling door separatin kitchen from the corridor has ha closure mechanism installed so the door will close automatically with the fire alarm system. The door to the soiled linen room Alzheimer's hall 3 has had a door all the service of the soiled linen room Alzheimer's hall 3 has had a door all the service of the soiled linen room Alzheimer's hall 3 has had a door to the soiled linen room Alzheimer to the soiled linen	g the d a that y	09/10/2011

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155687			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		ſ ′	(X3) DATE SURVEY COMPLETED 08/11/2011		
					I			
			B. WIN		DDRESS, CITY, STATE, ZII	P CODE		
NAME OF PROVIDER OR SUPPLIER				1	N-MAR DR			
GOLDEN	LIVING CENTER-	MUNCIE		MUNCIE, IN47304				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG	· `			PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TI DEFICIENCY	HE APPROPRIATE	COMPLETION DATE	
IAG	REGULATORY OR	CLSC IDENTIFTING INFORMATION)		IAG		•	DATE	
	Based on observation on 08/11/11 at 12:40 p.m. with the Maintenance Supervisor, the metal rolling door in the south kitchen wall was open to the Service corridor, inspected annually, but did not release upon activation of the fire alarm system leaving a hazardous area open to an escape route corridor. Based on interview on 08/11/11 at 12:45 p.m. with the Maintenance Supervisor, it was acknowledged by the Maintenance Supervisor the rolling metal door does not close automatically upon activation of the fire alarm system and would leave the Service corridor unprotected. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 2 of 12 doors leading to hazardous areas such as soiled linen rooms or rooms with combustible items were provided with self closing				closing device instal The door to the Centhas had a door closin installed. All other doors have and are properly closed to the Maintenance Directed doors monthly ongoing results of that audit to the QA committee.	tral Supply room ng device been audited sing. or will audit all ing and the will be presented		
	devices which would cause the door to automatically close and latch into the door							
	I -	icient practice affects 3						
		ed in the Main dining						
		idents on Alzheimer's hall						
	3 as well as visit	ors and staff.						
	Findings include	2:						
1	Based on observ	ration on 08/10/11 during						
FORM CMS-2	2567(02-99) Previous Version	ons Obsolete Event ID:	OJ2T21	Facility I	D: 000097 If	continuation sheet F	Page 4 of 5	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155687		(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION 01	li i	E SURVEY PLETED /2011		
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE			STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN47304				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
	with the Mainter doors leading to area were not proclosing device: a. The door to the Alzheimer's hall b. The door to the adjacent to the Mad seventy card Based on intervice concurrent with a Maintenance Supthe aforemention hazardous area results.	ne Central Supply room Iain dining room which board boxes stored in it.					